

Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield and as Blue Cross Blue Shield of New York

Entity Name	Claim Billed Amount	Estimated Expected Reimbursement	Estimated Amount Due	TTL Insurance Payments	Estimated Patient Copay, Deductible, Co-Insurance	# of Accts
Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield and as Blue Cross Blue Shield of New York	\$ 1,469,542.41	\$ 755,965.32	\$ 550,261.72	\$ 165,565.08	\$ 40,138.52	16
R&C	\$ 203,871.42	\$ 150,864.85	\$ 104,784.29	\$ 41,789.86	\$ 4,290.70	2
U&C	\$ 39,354.41	\$ 39,354.41	\$ 39,354.41	\$ -	\$ -	1

Facility Name	Account Number	Patient Initials/Name	Service Date	Discharge Date	Entity Name - Legal	Total Insurance Payments	Group Number	Group Name	Policy Number	Payer Claim ID 1	Estimated Patient Copay, Deductible, Co-Insurance	Claim Billed Amount	Estimated Expected Reimbursement	Estimated Amount Due	OON Benefit Methodology
Innova / Southcross		REDACTED			Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield and as Blue Cross Blue Shield of New York	\$ -	REDACTED	CITI GROUP			\$ -	\$ 111,518.23	\$ 33,455.47	\$ 33,455.47	Blank
Innova / Southcross					Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield and as Blue Cross Blue Shield of New York	\$ 1,750.38		TOTAL HEALTH PLUS I			\$ 1,078.30	\$ 16,211.71	\$ 4,863.51	\$ 2,034.83	Blank
Beaumont					Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield and as Blue Cross Blue Shield of New York	\$ 10,344.75		DCI BIOLOGICALS			\$ 5,039.17	\$ 83,986.23	\$ 25,195.87	\$ 9,811.95	Blank
Plano					Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield and as Blue Cross Blue Shield of New York	\$ 5,701.04		LOUISVILLE 4 SEASON			\$ 3,065.45	\$ 58,761.10	\$ 17,628.33	\$ 8,861.84	Other
Plano					Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield and as Blue Cross Blue Shield of New York	\$ 37,996.31		CITI BANK			\$ 3,190.54	\$ 185,824.68	\$ 46,456.17	\$ 5,269.32	Other
Mid-Cities		REDACTED			Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield and as Blue Cross Blue Shield of New York	\$ 12,873.26	REDACTED	CITI GROUP			\$ 8,186.88	\$ 90,708.29	\$ 22,677.07	\$ 1,616.93	Other
Mid-Cities					Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield and as Blue Cross Blue Shield of New York	\$ 15,870.37		ASS ABLOY			\$ 4,830.94	\$ 73,924.67	\$ 62,835.97	\$ 42,134.66	Other
Landmark					Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield and as Blue Cross Blue Shield of New York	\$ 6,425.79		CITI GROUP			\$ 1,358.48	\$ 67,923.79	\$ 16,980.95	\$ 9,196.68	Other
Innova / Southcross					Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield and as Blue Cross Blue Shield of New York	\$ -		CITI GROUP			\$ -	\$ 323,093.95	\$ 206,780.13	\$ 206,780.13	Other
Innova / Southcross					Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield and as Blue Cross Blue Shield of New York	\$ 8,391.54		CITI GROUP			\$ 4,596.33	\$ 86,826.06	\$ 55,568.68	\$ 42,580.81	Other
Innova / Southcross		REDACTED			Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield and as Blue Cross Blue Shield of New York	\$ 4,089.98	REDACTED	CITI GROUP			\$ 2,596.82	\$ 37,495.59	\$ 9,373.90	\$ 2,687.10	Other
Innova / Southcross					Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield and as Blue Cross Blue Shield of New York	\$ 3,187.26		CITI GROUP			\$ -	\$ 16,220.07	\$ 11,516.25	\$ 8,328.99	Other
Innova / Southcross					Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield and as Blue Cross Blue Shield of New York	\$ 17,144.54		CITI GROUP			\$ 1,904.91	\$ 73,822.21	\$ 52,413.77	\$ 33,364.32	Other

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Landmark		REDACTED			Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield and as Blue Cross Blue Shield of New York	\$ 40,528.22		J CREW			\$ 3,250.00	\$ 194,056.65	\$ 143,601.92	\$ 99,823.70	R&C
Landmark					Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield and as Blue Cross Blue Shield of New York	\$ 1,261.64	REDACTED	J CREW		REDACTED	\$ 1,040.70	\$ 9,814.77	\$ 7,262.93	\$ 4,960.59	R&C
Plano					Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield and as Blue Cross Blue Shield of New York	\$ -		90 ACCOUNT PLAN A			\$ -	\$ 39,354.41	\$ 39,354.41	\$ 39,354.41	U&C